

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SMP	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484642 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Dixon/Davis Media Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 1028 33rd St NW Ste 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20473.00</div>	
City Washington	State DC	Zip Code 20007-3571	Transaction ID : 500046097 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Production Costs - Estimate		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate Heller, Dean, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">2186840.58</div>				

Full Name of Payee Shorr Johnson Magnus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 100 N 20th St Ste 201			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">22608.05</div>	
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : 500046098 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Media Production Costs - Estimate		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate Braun, Mike, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4801926.61</div>				

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">43081.05</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lambe, Rebecca, ,

Signature

[Electronically Filed]

Date

08

13

2018

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SMP		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shorr Johnson Magnus			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2018		
Mailing Address 100 N 20th St Ste 201			Amount 13544.73		
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : 500046109		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Hawley, Joshua, D., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought		640656.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2018		
Mailing Address 3050 K St NW Ste 100			Amount 620954.00		
City Washington	State DC	Zip Code 20007-5161	Transaction ID : 500046095		
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Braun, Mike, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		4801926.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	634498.73
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Lambe, Rebecca, , ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 13 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

SMP

FEC IDENTIFICATION NUMBER ▼

C

C00484642

Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

Waterfront Strategies

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
08 11 2018

Mailing Address 3050 K St NW

Ste 100

Amount

City

Washington

State

DC

Zip Code

20007-5161

226964.00

Transaction ID : 500046096

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Purpose of Expenditure

Media Buy - Estimate

Category/
Type

Name of Federal Candidate

Heller, Dean, , ,

☐ Support☒ Oppose

Office Sought:

☐ House

District: _____

☐ President☒ Senate

State: NV

Calendar Year-To-Date
Per Election for Office Sought

2186840.58

Disbursement For:
2018☐ Primary☒ General☐ Other (specify) ► _____

Full Name of Payee

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Purpose of Expenditure

Category/
Type

Name of Federal Candidate

☐ Support☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

226964.00

(b) SUBTOTAL of Unitemized Independent Expenditures ►

(c) TOTAL Independent Expenditures..... ►

904543.78

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Lambe, Rebecca, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 13 2018

Signature